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CERTIFICATE OF ASSUMED BUSINESS NAME

For persons (sole proprietorships, associations, or general partnerships) Engaged in business under a name other than their own (DBA)

O O MANAGE A MAIN OUT WITH OWN (DDA)	
STATE OF INDIANA, COUNTY \ \QX	•
NAME OF BUSINESS Magestic, Throus	
NATURE OF BUSINESS PERSONALIZED TIMBUS	
ADDRESS OF BUSINESS SOOI MOSSOCIUSELLS St.	
PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:	
Snalar Smith at 8001 massachusetts	St.
Leva Laster at 8001 massachusests	SJ.:
Joseph Caster at Scot Massachusetts	Shi
atat_	•
FORM PREPARED BY: Shalon Smith Member's Signature Printed Name Capacity Filed on Leanny, 200 Member, Recorder	(>
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